

Lt. Governor Carnahan



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**Report and Recommendations
on
Substance Abuse in Missouri**

May, 1989

THE SCOPE AND RESULTS OF DRUG USE

"Perhaps we cannot prevent this world from being a world in which children are tortured. But we can reduce the number of tortured children. And if you believers don't help us, who else in the world can help us do this?"

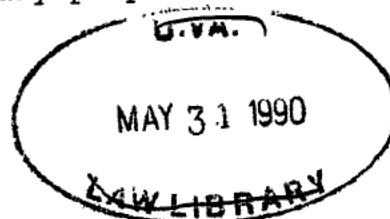
- Albert Camus

DRUGS: AMERICA'S QUICK FIX

Drug use in the American society is the norm for the vast majority, and this has been the case for decades. We are taught that if we eat too much, we can take Alka-Seltzer. If we drink a popular brand of beer, we will taste the "high life". If we desire to appear sexy, then smoking a well-touted brand of cigarettes is the choice. Too much stress on the job causes headaches; well, a new, more powerful aspirin is the answer.

Americans have been conditioned to believe no matter what the problem, a drug is the remedy. A pill can be popped, an elixir swallowed, a substance injected or smoked which will make things better, or so we have come to believe.

Although drugs are invaluable tools and make positive contributions to modern life, there are certain ailments and discomforts for which a magical cure does not exist. There is no panacea for poor self-esteem, an unhappy marriage, or an unfulfilling job. Still, many people believe chemicals



will get them through difficult times or at least give temporary relief or relaxation.

DEPENDENCY GROWS

This mentality is usually quite harmless, but problems arise when casual drug use leads to dependency. Today, chemical dependency in America has reached epidemic proportions insidiously ruining lives, families, and careers.

RECOGNIZING THE PROBLEM

The struggle with the drug problem resembles the classical Greek myth of Sisyphus. This ancient King of Corinth garnered the wrath of the gods and was condemned to the unending punishment of rolling a heavy stone up a hill. Each time he reached the top of the hill, the stone plunged down, and he was forced to begin again. In America's fight against drugs, the stone is at the bottom of the hill.

But while more and more attention is being focused on this common burden, little real progress is being made. Unfortunately, during the 1988 state and national elections, drugs were a political football reached for by Democrats and Republicans alike prompting a *U.S. News and World Report* reference to "America's war (of words) on drugs. . . .

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Beating up on drug dealers is, as they like to say in Washington, a 'win-win' proposition: No possible downside risk,"¹ the article concluded.

But talking tough is helpful only when followed by action aimed at curbing the problem. If we are to neutralize drugs in our society, all possible causes must be examined, all options for combating chemical dependency must be considered. Such an effort must be ongoing and cannot be achieved in the scope of one report. It is, however, the intention of this study to examine drug usage in Missouri and some of its underlying causes and results, along with the current response to the problem and recommendations to intensify the attack.

A MENU OF NEW DRUGS

A ready assortment of illegal drugs is available today. Every year a new drug, or new form of an old drug, appears on our nation's streets, similar to a virus that mutates to avoid and outwit the most recent breakthrough cure.

In the supposed drug craze of the 1960's and early 1970's, the drugs of choice included marijuana-hashish, lysergic acid diethylamide (LSD), methamphetamines, cocaine, and heroin. Today, the drug user is offered a menu with more selections with variations. The additions include

phencyclidine (PCP), a resurgent form of methamphetamine, termed "crank," and the more recent addition, a new derivative of cocaine, termed "crack."

MILLIONS OF NEW USERS

According to *U.S. News and World Report*, in 1988, there were "an estimated 1.2 million (illegal drug) addicts in the U.S. and 23 million recreational users spending more on drugs annually than a company like GM earns."²

Marijuana is still the most popular illegal drug in the United States.

Cocaine is still popular with the more affluent drug user, with some five million regular coke users. But the most troubling aspect of recent drug use behavior has been the emergency of "crack cocaine", a cheap and even more deadly derivative of cocaine.

CRACK: NEW, CHEAP AND DEADLY

Crack is now the scourge of our inner cities. It is more addictive than any other form of cocaine. The National Institute on Drug Abuse claims that an addiction to regular cocaine requires several years of regular use. But an addition to crack can develop in a matter of days and weeks.

Cocaine's most traditional method of use has been to "snort" through the nose. The "coke" penetrates the mucus membranes, slowly reaching the brain in about eight minutes, producing a high which lasts about twenty minutes.

Crack, on the other hand, is smoked in little glass pipes. It produces a much more rapid and powerful high. *Time* magazine quoted a Miami drug information officer who labeled crack "an extremely compulsive drug, much more so than regular cocaine. The rush is so intense and the crash so powerful that it keeps users--even first-time users--focused on nothing but their next hit."³

The same article described the process to make crack as, "Simple. Ordinary coke is mixed with baking soda and water into a solution that is then heated in a pot. This material, somewhat purer and more concentrated than regular cocaine, is dried and broken into tiny chunks that dealers sell as crack rocks."⁴

Crack is a dealer's dream come true. It allows the dealer to provide more "bang for the buck;" less regular cocaine is required for a more powerful high. Since crack is diluted cocaine, it is much cheaper for the consumer, as little as ten dollars a dose, thus opening up a drug option to even the working poor and the indigent. With crack being

more addictive, the dealer has a more easily hooked clientele and loyal patronage.

PRENATAL ADDICTIONS: THE "CRACK BABIES"

One of the most shocking and tragic facts of drug use in America today is that ten percent of the annual births, or 375,000 babies, are born with illegal drugs in their systems.⁵ The most common form of this national disgrace are the babies born to women who have used cocaine, usually the crack variety. Doctors do not know what the future holds for these smallest of victims of the crack craze. "We have yet to feel the full weight of this time bomb we're creating."⁶

Clarence Page described the effect of prenatal cocaine usage in a column in *The Kansas City Times*:

Cocaine, soluble in fat, easily crosses the placenta where it is absorbed by the fetus, excreted as norcocaine, a cocaine by-product, and absorbed again by the fetus. While the poison passes out of an adult's body in 48 hours, doctors are not for sure how long a fetal system, with its undeveloped kidneys and liver, floats in this narcotic soup.

Compared with the \$3,000 cost of a normal birth, care for cocaine babies can run \$150,000 to \$300,000.⁷

Page claims that in Illinois, cocaine babies have multiplied in the last four years "from 247 in Fiscal 1986 to an expected 1,800 in the current fiscal period."⁸

It has been estimated that as many as 30 percent of pregnant women in the San Francisco area on Medicaid showed signs of crack use.⁹

Another article in *The Kansas City Times* claims, "In August, 1987, 24 of 153 women receiving prenatal care at Kansas City's Truman Medical Center admitted current or past drug use. By August of 1988, the number of women admitting drug use had more than doubled. Of 237 patients, 60 said they used drugs. Their drug of choice? Crack cocaine."¹⁰

Researchers claim that severe prenatal complications can be brought on by the mother being exposed, and thus the fetus, to cocaine just one time while pregnant.¹¹

FACTORS IN THE INNER CITY

Crack has had a mind-boggling and devastating effect on the already struggling urban American and urban minority scene. In the summer of 1967, many of America's urban areas were rocked by riots, that devastated black communities. As a response to the riots of '67, President Lyndon Johnson

appointed the President's National Advisory Commission on Civil Disorders, also known as the Kerner Commission.

The Kerner Commission gave its report 21 years ago this month. In that report they looked beyond the riots at the underlying conditions out of which the riots sprang. They found racism, unemployment and poverty to be primary causes and outlined ways to combat these problems to give much-needed relief to the urban crises.

Former U.S. Senator from Oklahoma, Chairman of the Kerner Commission, Fred R. Harris, writes in his introduction of his 1988 book, *Quiet Riots--Twenty Years After the Kerner Report*:

But neither economic progress for some blacks nor increased black political power have made a significant difference for the poor blacks left behind--nor for other minorities and poor people generally. For those who are still poor today--and there are more of them now, minority and non-minority, urban as well as rural--life is harder, meaner than it was twenty years ago. For them there is more despair now, less hope, and less chance of escape. But most Americans probably do not know that, and assume that progress we made for a time after the Kerner Report has continued up the present. It has not.¹²

POVERTY

The Kerner Report's most shocking assertion was the statement that, "Our nation is moving toward two societies, one black, one white--separate and unequal."¹³ The report

called for new efforts to combat poverty, unemployment, and racism. but after twenty years of ignoring the warnings of the Kerner Report and the needs of the inner city, the report has come true with a vengeance.

Poverty is worse now than it was twenty years ago. More people are poor--both white and non-white. Those who are poor are poorer. Escape from poverty is harder. Overall unemployment in America is twice what it was twenty years ago. And unemployment for blacks is now twice what it is for whites.

The Kerner Report is coming true: America is again becoming two societies, one black (and today, we can add to that, Hispanic), one white--separate and unequal.

There is a large and growing urban underclass in America--principally made up of blacks and Hispanics in the central cities. They are more economically isolated, more socially alienated, than ever before.¹⁴

The inner cities have become further devastated by the much cheaper and more addictive crack. Heroin had been a problem in the inner cities, but cocaine had not reached into the lives of the working poor because of the prohibitive cost. Until recently, the drugs to plague the inner city working poor were heroine, tobacco, and alcohol. But when crack hit the streets it affected the urban landscape like no other drug in modern history. Crack has changed all the rules in regard to illegal drugs. Our inner cities were unprepared for the crack epidemic much like a third world nation's children are unprotected from an epidemic of influenza.

THE UNEMPLOYMENT AND UNDEREMPLOYMENT FACTOR

The combination of unemployment, breakdown of family units, 50% school dropout rates, and a basic lack of hope by many of the urban poor has allowed crack cocaine to take control. While unemployment nationwide is at the lowest point in this decade, economic growth has yet to reach much of the inner city.

The unemployment rate for all teens seeking part-time or full-time employment was 16.9 percent in 1987, more than three times the national adult average of 5.4 percent. According to a report by The Council of State Governments, the jobless rate of black teenagers was 34.9 percent.¹⁵

Underemployment is an even larger problem for urban Americans without a high school education.

As the U.S. economy shifts from manufacturing to service employment, good paying, skilled manufacturing jobs have moved from the inner cities to the suburbs. According to a study by Dr. John Kasarda, Chairman of the Department of Sociology at the University of North Carolina, Chapel Hill, between 1947 and 1972, "The central cities of the thirty-three largest metropolitan areas (based on 1970 census figures) lost 880,000 jobs in manufacturing at the same time that their suburbs gained 2.5 million

manufacturing jobs. These same cities lost an additional 867,000 jobs in retail and wholesale trade while millions of such jobs were added to the economies of their suburban areas."¹⁶ More specifically, according to Dr. Kasarda, between 1953 and 1984, St. Louis gained 51,000 "knowledge intensive" services such as accounting, advertising, brokering, consulting, finance, and law. But St. Louis lost 127,000 jobs to blue collar skilled manufacturing.¹⁷ The jobs lost were the jobs that gave the inner city hope.

Many of the nation's urban school districts, including Kansas City and St. Louis, have a 50 percent or more dropout rate from ninth graders through twelfth grade. According to The Council for State Government's study "only one in three male dropouts, and one in seven female dropouts, under age 20, worked full time in 1986."¹⁸ But, even the job prospects for high school graduates is anything but promising. In 1968, 57 percent of male high school graduates found work in a stable, good paying job. By 1986, the rate had dropped to 36 percent. "Real earnings of all young men fell 26 percent between 1973 and 1986."¹⁹

Another disturbing factor is that fewer and fewer black men are enrolling in higher education. A recent study by the American Council on Education claims that black men represented 4.3 percent of college students in 1976. That figure dropped to 3.5 percent in 1986. "Total college

enrollment grew to 12.5 million from 11 million, but black male enrollment fell to 436,000 from 470,000."²⁰ Mr. Albert Brooks, Director of Kansas City, Missouri's Human Relations Department, claims that there are today "more young black men in prison than in college."²¹

DRUG RELATED CRIME IN KANSAS CITY

Two acts of senseless and extreme violence shocked the state and nation into awareness of the problem of drugs in Kansas City. In early January, a thirty-one year old social worker was shot to death by a fifteen-year-old young man who had been put in juvenile detention for running a drug selling operation.

The second incident also occurred in January when a Kansas City home was firebombed, killing six. It is believed that the incident was sparked by a dispute between the family and a nearby drug house.

But other crimes besides homicide are caused, or in part caused, by drugs and drug addiction. Kansas City Police Department Detective Clarence Luther of the Career Criminal Unit was quoted by *The Kansas City Star* as claiming, "Every person we've arrested in the last two years in this unit has been a drug user . . . that's the reason they're stealing, doing burglaries or whatever, to support

their drug habits."²² The same article quotes the Kansas City Police Department as claiming that "80 to 90 percent of the armed business robberies are committed to get drug money. About 70 percent of burglaries are drug related."²³ Police claim that users of crack cocaine, because of the drug's low price and almost immediate addiction, will sell whatever they have of value to get high. When money runs out, they will use their last dose of crack to get "juiced up" to commit a crime to acquire the means to continue the habit.

Kansas City's booming drug trade is to blame for the large increase in the number of violent crimes and homicides according to many officials. Jackson County Prosecutor, Albert Riederer said as quoted in *The Kansas City Times*, "I, and probably every other big city prosecutor, was trying to tell people that drugs were involved in somewhere between 70 and 80 percent of all violent crimes. That has not changed."²⁴

Kansas City saw 136 homicides committed in its city limits in 1988, second only to the 139 experienced in 1980. Police claim that 50 of those murders were drug related (37 percent, up from 27 percent in 1987).²⁵

DRUG RELATED CRIME IN ST. LOUIS

St. Louis is experiencing a similar onslaught from crack cocaine. Chief criminologist of the St. Louis Police Department, according to the *St. Louis Post-Dispatch*, tested 2,007 specimens of cocaine in criminal cases in 1988. "That was nearly double the 1,078 cocaine specimens in 1987 and about 15 times the 141 cocaine specimens his laboratory examined during 1984."²⁶ An article last year by the *Post-Dispatch* revealed "44 deaths in the city were connected to cocaine abuse, up from 10 in 1987. In St. Louis County, 27 deaths were connected to cocaine abuse (in 1988), up from seven deaths in 1987."²⁷

CRACK COCAINE REACHING RURAL AREA

Cocaine has had its biggest effect on our inner cities, but there is no reason to believe that it will not make its way into the suburbs and rural areas. *The Springfield News-Leader* reported a late February arrest of three men in possession of one pound of crack, the first major bust dealing with the deadly form of cocaine in Springfield.²⁸

Assistant United States Attorney and Chairman of the Metropolitan Kansas City Task Force on Alcohol and Drug Abuse, Robert E. Larsen, believes that the police pressure in Kansas City on the crack dealers is forcing them to look

at other smaller cities and communities in the state as potential markets.²⁹ Rural areas of other states such as Iowa, West Virginia, South Dakota, Illinois and Washington state have experienced a dramatic rise in drug trafficking, including crack.³⁰ Crack is no longer a problem limited to the inner cities.

THE YOUNG DEALER: A QUICK ROAD TO RICHES

Adolescents and pre-adolescents are increasingly involved in the crack trade. *The Kansas City Times* interviewed a 16-year-old drug runner being held in juvenile detention. The youth, the father of a one-year-old child, summed up his choices, "Who wants to work at McDonald's for \$3.35 an hour when you can make \$250 in a half hour?"³¹

Many see the drug trade as a quick and easy way to the material successes. According to Thomas Carroll, Professor of Sociology at the University of Missouri-Kansas City, and a specialist in criminal behavior, as quoted in the *The Kansas City Star*, " . . . this is where drug dealing comes in. It brings in a lot of money for a few and exacerbates the gulf between those who have and those who don't."³²

Many of these youths are school dropouts, and see the crack trade as their window of opportunity. In Kansas City and St. Louis, almost half of all youth in the urban

districts drop out before graduating.³³ These young people form an employment pool that the older drug dealers recruit because the young face lesser penalties than do adults.

Paul Wenski of *The Kansas City Times* wrote, "Night after night in the bowels of Kansas City and other cities, police aren't just chasing the sleazy corner drug dealer. They're chasing children--kids with pockets crammed with crack cocaine, cash in wads as big as rolls of toilet paper and pistols as long as their forearms."³⁴

The toll that the drug trade is taking in our inner cities can be seen in the shattered lives of these young apprentices in the world of crime. Instead of learning algebra, civics, English and computer science, they are taught "dope economics"--how to conceal cash; drugs and weapons, fire an assault rifle; and avoid incarceration. Instead of looking upon Martin Luther King, Jr., Bill Cosby, Harry Truman or Frank White as role models, they look upon the drug dealer who has money, gold, women, and weapons beyond belief. The glamorous life of the gangster is in many cases too enticing to withstand for a young high school dropout.

DEMAND FOR TREATMENT

Statewide, 1,794 Missourians with cocaine problems were treated in 1988 at state-funded drug programs according to the Division of Alcohol and Drug Abuse of the State of Missouri's Department of Mental Health. That figure represents a 400% increase over three years ago. As quoted by the *St. Louis Post-Dispatch*, "2,800 patients--nearly seven times the 1986 total--are expected to be treated for cocaine problems by June."³⁵

The crack epidemic has further exasperated the already overburdened criminal justice system and treatment centers. We simply do not have the space to house convicted drug dealers or to treat drug users.

The first step to recovery from a substance abuse problem is to admit a problem exists. That idea, however, is no more than a cruel joke for many of the working poor and indigent. Only 300 beds in the Kansas City area's eleven in-patient clinics treat the indigent.³⁶ People who cannot afford the privately-funded clinics, or do not have health insurance, face long waiting lists in order to receive treatment. When their time for treatment finally comes, chances are the person no longer wants help, has disappeared, or is dead. Funds for programs are very limited from both state and federal sources. In fact,

federal funding for treatment has decreased since 1980.

Only within the past several years has funding been on the upswing. Missouri's expenditure had increased by 41 percent from Fiscal Year 1985 to Fiscal Year 1987, according to a report by the Missouri Division of Alcohol and Drug Abuse (MDADA).³⁷ And, yet, Missouri still ranks only 43rd nationally in per capita expenditure for alcohol and drug abuse programs. When compared to the eight states closest in population to Missouri, the Show Me State ranked eighth in per capita expenditures. Of the eight states that surround Missouri, our state ranked seventh.³⁸

ADMISSION RATE

Another disturbing point of the MDADA report is that Missouri ranks 35th nationally in number of alcohol and other drug abuse admissions per 1,000 people for the United States and Missouri.

In Missouri today, admissions for any form of cocaine addiction is 18.3 percent of all admissions, compared with 24.1 percent nationally. But in 1987, only 8 percent of Missouri's admissions, and 18 percent nationally were from cocaine addiction, showing the one-year effect of the crack cocaine epidemic.³⁹ Crack cocaine has added an evil dimension to the drug and substance abuse problem facing Missouri and the United States. No drug before has hit as

hard, with so many destructive implications, or so quickly as this relatively new form of using cocaine.

THE ABUSE OF LEGAL DRUGS

Obviously, crack cocaine is not the only substance abuse problem we as a society face. This can be seen easily by comparing alcoholism rates and the number of Americans that die from tobacco-related illnesses.

Eighteen million Americans can be classified as problem drinkers, making alcohol the most widely-abused drug in this country. The implications of alcohol abuse are shocking when it is viewed comprehensively. There are 28 million children who have at least one problem drinker as a parent. Alcohol has been determined as a contributing factor in half of all the murders, suicides, and accidental deaths in this country, totalling 100,000 deaths a year. Among the 15-22 year age group, alcohol-related accidents (mostly automotive) are the leading cause of death. Alcohol can be traced as a contributing factor in most teenage pregnancies and date rapes. Nearly 23,000 Americans lose their lives in auto accidents involving alcohol. Another 650,000 are injured in those accidents. Alcohol can be termed at least partly responsible for 80 percent of all deaths in fires and 70 percent of all drownings. And, much like the "crack

babies" discussed earlier, 100,000 babies are born annually with fetal alcohol syndrome and fetal alcohol effects.⁴⁰

Tobacco-related deaths are the most preventable deaths today, according to U.S. Surgeon General C. Everett Koop. He also claims that tobacco is responsible for one in every six deaths in the country today, over 300,000 annually. Earlier claims by the Surgeon General's Office cited cigarette smoking as the leading contributor to cancer deaths, the most preventable factor involved with heart disease. Smoking continues to be the leading cause of respiratory diseases, such as emphysema.⁴¹

We would be negligent in overlooking the millions of Americans who abuse the legal drugs of alcohol and tobacco. The total number of wasted lives is documented by sobering figures. America is literally fighting for its body and soul when it comes to substance abuse. Every American is an heir to a legacy of dignity and worth, but many opt to sell their birthright for a mess of pottage.

USE BY SCHOOL CHILDREN

Over the past year, Missouri's Department of Health conducted several surveys in order to determine the extent of drug use and abuse among school children.

Three surveys were conducted. One concentrated on drug use by high school twelfth graders. The second survey documents the extent of tobacco and alcohol use by twelfth graders. And the third documented the tobacco and alcohol use rates of seventh graders.

The survey of drug use by twelfth graders included a breakdown of ten different drug types from alcohol, marijuana, amphetamines, inhalants, narcotics, cocaine, and other. The percentage of those who "have ever used" was broken down further to include use within 30 days of survey.

Drug Use Prevalence Among Missouri Twelfth Graders
(5,431 students from 78 public schools in Missouri
responded during the winter of 1988)

<u>Drug</u>	<u>Have Ever Used</u>	<u>Used Within 30 Days</u>
Alcohol	88%	66%
Marijuana	50%	26%
Amphetamines	31%	11%
Inhalants	15%	4%
Narcotics	14%	4%
Cocaine	12%	5%

Alcohol and Tobacco Use By Missouri's Twelfth Graders
(1,006 students from 28 public schools responded
during March and April, 1987)

Tried Alcohol:	84%	Been Drunk Once:	71%
Tried Cigarettes:	64%	Smoked 1/2 Pack Day:	9%
Tried Smokeless Tobacco:	42%	Used Weekly:	11%
		Used Daily:	7%

Alcohol And Tobacco Use By Missouri's Seventh Graders
(1,080 students responded during the spring of 1988)

Tried Alcohol:	48%	Been Drunk Once:	20%
Tried Cigarettes:	44%	Smoked Within Month:	9%
		Smoked Weekly:	6%
Tried Smokeless Tobacco:	34%	Used Weekly:	5%
		Used Daily:	3%

The findings of these three surveys indicate how widespread drug use is by our state's school-age young people. Alcohol appears to be widely used by twelfth graders. Marijuana is claimed to be used by more than a quarter of high school seniors within thirty days prior to the survey. The rate of amphetamine use is also a point of concern.

One of the most troubling factors of these three surveys is that one-fifth of all seventh graders claim to have been drunk at least once. These surveys indicate that drug use by twelfth graders is the norm. There is every indication that the seeds of future drug use are sown early.

MISSOURI'S DRUG EFFORT

The state of Missouri is very actively involved in the war against drugs. Four agencies comprise the front line effort in the multifaceted on-going effort.

1. Health
2. Mental Health
3. Elementary and Secondary Education
4. Public Safety

The size of the problem, however, tends to overshadow the best of efforts. While many good things are happening, the size and extent of the problem demands so much more.

DEPARTMENT OF MENTAL HEALTH, DIVISION OF ALCOHOL & DRUG ABUSE

The primary effort in the prevention, education and treatment components of the drug effort is concentrated in the Department of Mental Health, Division of Alcohol and Drug Abuse.

The effort is divided into four sections in order to effectively carry out the objective of the division.

1. Prevention and Education

This section is responsible for managing the prevention, education, and training aspects of the division.

2. Research and Evaluation

This section coordinates and conducts policy and programmatic research for the division. The section evaluates division programs, coordinates planning activities, and operates the Division Management Information System.

3. Fiscal and Contract

This section implements and manages fiscal policies for the division and develops and implements policies for the administration of purchase of service contracts.

4. Certification and Treatment

This section provides quality assurance standards and procedures, certification of treatment, prevention and educational programs. The section also develops model policies addressing treatment issues and needs.

Division of Alcohol and Drug Abuse Service Delivery System:

The Division of Alcohol and Drug Abuse does not provide direct services to clients, nor does it operate facilities.

Rather, services to persons affected by alcohol and drug abuse are provided through contracting with community-based programs. Sometimes referred to as vendor agencies, these programs comprise a group of approximately 95 agencies in six regions. Services provided fall under the broad categories of detoxification, residential and out-patient services.⁴²

The statewide delivery system is divided into six regions. Each region has a regional manager who is responsible for providing technical assistance to all alcohol and drug abuse programs receiving Department of Mental Health funds in their geographic area. Managers are also responsible for monitoring of programs and submission of semiannual reports to the Central Office. Managers are also involved with the certificates of programs, regional service planning, contract management and overall implementation of alcohol and drug abuse policies on a regional basis.

The Missouri Advisory Council on Alcohol and Drug Abuse:

The council acts as an advisory body to the director of the Division of Alcohol and Drug Abuse. Members are appointed by the director of the Department of Mental Health.

The council is responsible for developing a state plan on alcohol and drug abuse.

The council meets every two months and makes recommendations to the director in areas such as treatment and rehabilitation technologies, improvements of the alcohol and drug abuse delivery systems and criteria and standards for residential facilities, day programs and other specialized services.

Regional Advisory Councils:

The six regional councils represent a particular planning area of the state.

The director of the Division of Alcohol and Drug Abuse appoints up to twenty members for each Regional Advisory Council.

THE GOVERNOR'S "MO SAYS NO" INITIATIVE

The Governor's "MO Says NO" Initiative is officially billed Missouri's Alcohol and Drug Abuse Prevention Initiative. The Governor's project was devised to:

1. help young people say "no" to the pervasive influence of drug use;

2. inform communities that drug supplies in neighborhoods need not be tolerated;
3. coordinate efforts at all levels to enforce laws, create new respect for family values and provide services for those drug abusers who need help; and
4. support classroom teachers in their efforts to make education more meaningful to youngsters who daily face temptation to engage in risk-taking behavior.⁴³

THE GOVERNOR'S COORDINATING COUNCIL

The council consists of representatives of the Departments of Education, Public Safety, Mental Health, Corrections and Health. The council is responsible for coordinating the state's efforts in combating drug abuse.

MISSOURI INSTITUTE FOR PREVENTIVE SERVICES

The Missouri Institute for Preventive Services is a part of Governor Ashcroft's initiatives of 1986. The approach is one of school/community teams. The concept centers on the responsibility of all facets of society working on drug use prevention. The institute was created to provide technical assistance to the schools and communities throughout Missouri.

The Missouri Department of Mental Health, Division of Alcohol and Drug Abuse provides the majority of funding for the institute and its six regional programs. Several programs comprise the core of institute services.

School Awareness Days and Weeks: The goal is to raise students' awareness about the pitfalls of drug use.

Support Clubs: These clubs provide a network for an exchange of ideas about programs and strategies.

Peer Helper Programs: Student helpers are trained to assist their peers in drug prevention and referral of peers for services.

Student Led Education: High school students teach elementary school students about a variety of topics related to the prevention of substance abuse.

DEPARTMENT OF HEALTH

The Department of Health is involved in drug abuse prevention in two ways. The Department's Bureau of Narcotics and Dangerous Drugs is charged with controlling and eliminating the diversion and misuse of legally manufactured drugs.

The Coordinating Council for Health Education of Missouri's Children and Adolescents is housed in the Department of Health. The Council was formed by statute in September of 1988 and has an initial life running through December of 1989. Council members include the directors of the state Departments of Elementary and Secondary Education, Health, Mental Health, Social Services, and Public Safety. State legislators, parents, teachers, physicians and other community leaders also comprise the Council.

The Council has adopted an eight point comprehensive school health education model as the basis and direction for its work. Components of the model include:

- school health/nursing services
- school health instruction
- healthy school environment
- integrated school and community health promotion efforts
- physical education
- school food services
- school counseling
- school wellness program for faculty and staff

The drug education and prevention portion of the Council work is designed to promote a health lifestyle opposed to a separate and distinct program for drug-related

issues. Substance abuse is addressed along with other topics such as disease prevention and control, stress management and nutrition.

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

The Department of Elementary and Secondary Education participates with the Department of Health in the program outlined above.

Since 1975, the Department of Elementary and Secondary Education has provided school districts with curriculum guidance in comprehensive health programs and has encouraged school districts to provide health instruction for all grades. As of 1985, more than 90 percent of Missouri school districts reported having developed a comprehensive health program.⁴⁴

The nine general areas of health education are:

- Disease Control
- Substance Abuse
- Family Life and Sex Education
- Nutrition
- Mental Health
- Personal Health

- Environmental and Community Health
- Consumer Health
- Safety and First Aid

DEPARTMENT OF PUBLIC SAFETY

The Missouri Department of Public Safety has been designated by Governor Ashcroft as the agency responsible for administering federal funds for the Narcotics Control Assistance Program. These funds were made available to states by the Anti-Drug Abuse Act of 1986. The Department of Public Safety implements the provisions of the State and Local Law Enforcement Act of 1986, RSMo 650.005, Section 8. The Department of Public Safety awards contracts to fund projects in the following areas.

1. Multi-Jurisdictional Projects: To address the problem of the illicit supply of drugs into the state of Missouri, the multi-jurisdictional program receives funds. There are currently 11 multi-jurisdictional projects being funded at this time.
2. Property Crimes (Sting) Programs: Undercover operations within a single jurisdiction are funded under this category. These projects are run by state agencies, larger cities, and counties such as the

Missouri State Highway Patrol, Kansas City Police Department and St. Louis Police Department, etc..

3. Airport Drug Interdiction Program: The state of Missouri is currently funding an Interdiction Program at Lambert International Airport in St. Louis, Missouri. This project is a joint effort between the St. Louis City Police Department, St. Louis County Police Department, St. Louis Airport Authority, and D.E.A.
4. Urinalysis Screening Program: The Missouri Department of Corrections was funded under this program. They conduct urine tests from inmates, probationers and parolees convicted of substance abuse. This aids in determining whether adjudication, treatment or rehabilitation is warranted.
5. Pharmaceutical Diversion Program: The Missouri Department of Health's Bureau of Narcotics and Dangerous Drugs has implemented this program to identify both high risk youth and adult substance abusers in order treatment and prevention efforts might be effected that will assist in the control of the abuse of prescription drugs in Missouri.

6. Career Criminal Prosecution Program: Funding was made available to prosecutors across the state in order to assist in vigorous prosecution of drug cases. However, only two county prosecutors applied and received funds.
7. Treatment Alternatives to Street Crime (TASC): The Missouri Department of Social Services (Division of Youth Services) implemented a program where juvenile courts received funds to seek counseling for youth identified as being substance abusers.⁴⁵

MISSOURI STATE HIGHWAY PATROL

The Highway Patrol is involved in the drug effort in two major areas.

Interdiction of drugs takes place as part of the normal operation of the patrol. Most seizures are made as a part of routine stops along the highways. Increased training and officer awareness has led to the following arrests and seizures in 1988:

Arrests	1,127	
Seized	Currency	\$1,896,500
	Weapons	230
	Marijuana	11,802 lbs.
	Cocaine	1,481 lbs.
	Methamphetamine	6.5 lbs.
	Miscellaneous Drugs	85.75 lbs.

Operation Cashcrop:

The Highway Patrol is having increasing successes in its effort to eradicate the cultivation of domestic marijuana. 1988 figures are listed below:

Marijuana	811,610 plants, cultivated and wild were eradicated.
	344 pounds of processed marijuana seized
	609 raids
	203 arrests
	Value estimated by DEA \$685,000,000

DRUG AND CRIME CONTROL DIVISION

The Division of Drug and Crime Control was established on September 28, 1983, and has patrol criminal investigators assigned throughout the state. The division is structured with a central supervision concept, under the direction of

the director of the Criminal Investigation Bureau. There are seven sections within the division; 1) narcotic section; 2) criminal intelligence section; 3) technical services and explosives disposal section; 4) field investigators and polygraph examiner section; 5) lottery and gaming enforcement section; 6) missing persons section; and 7) motor vehicle theft and information section. The primary function is to provide assistance and service to the various citizens of our state.⁴⁶

Another division in the Department of Public Safety, the Missouri State Water Patrol has enjoyed considerable success in combating illegal drug activities on and around the state lakes and waterways.

The Division of Liquor Control is constantly increasing its efforts to combat the sale of liquor to minors.

FY-90 BUDGETS

DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Drug education and abuse prevention grants to school districts from the Federal Anti-Drug Abuse Act of 1986.

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	FED

DEPARTMENT OF PUBLIC SAFETY

Narcotics Control Assistance Program to state and local governments to assist with the apprehension, prosecution and adjudication of drug offenders. Provided through the Federal Anti-Drug Abuse Act of 1986.

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 3,600,000	\$ 3,600,000	\$ 3,600,000	\$ 3,600,000	\$ 3,600,000	FED

DEPARTMENT OF PUBLIC SAFETY

Drug and Crime Control

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 1,848,226	\$ 1,914,229	\$ 1,914,229	\$ 1,914,229	\$ 1,914,229	GR
981,486	981,486	981,486	981,486	981,486	HWY
\$ 2,829,712	\$ 2,895,715	\$ 2,895,715	\$ 2,895,715	\$ 2,895,715	TOTAL

DEPARTMENT OF MENTAL HEALTH

Alcohol and Drug Abuse Program. Program through which Mental Health contracts for treatment services for eligibles who abuse alcohol and drugs and are in need of assistance.

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$10,047,445	\$11,065,159	\$11,070,064	\$11,063,037	\$11,066,185	GR
11,581,002	16,105,155	16,105,155	16,105,155	16,105,155	FED
\$21,628,447	\$27,170,314	\$27,175,219	\$27,168,192	\$27,171,340	TOTAL

DEPARTMENT OF MENTAL HEALTH

Administrative expenses for the Division of Alcohol and Drug Abuse's treatment program.

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 794,109	\$ 813,763	\$ 824,567	\$ 825,779	\$ 825,653	GR
861,917	957,270	954,914	954,914	954,914	FED
\$ 1,656,026	\$ 1,771,033	\$ 1,779,481	\$ 1,780,693	\$ 1,780,567	TOTAL

DEPARTMENT OF MENTAL HEALTH

For community placement and treatment of alcohol and drug abusers.

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 177,725	\$ 180,391	\$ 180,391	\$ 180,391	\$ 180,391	GR

DEPARTMENT OF HEALTH

Coordinating Council for Health Education of Missouri Children and Adolescents

<u>Department Request</u>	<u>Governor</u>	<u>House</u>	<u>Senate</u>	<u>Conference</u>	<u>Fund Source</u>
\$ 51,678	\$ 51,678	\$ 52,024	\$ 52,001	\$ 52,069	GR

RECOMMENDATIONS

"Our major obligation is not to mistake slogans for solutions."

- Edward R. Murrow

The dimensions of drug use in Missouri are both broad and alarming.

Those in the forefront of the struggle admit that we are fighting a losing battle against substance abuse in our state and nation.

Much like a deadly virus that mutates and changes to avoid the vaccine, illegal drugs have changed by becoming more plentiful, easier to obtain, cheaper, more addictive, and of a higher quality.

Undoubtedly, the answer to the challenge of drug abuse and chemical dependency is multifaceted and long-term. It is a conquest to be fought on many fronts and by many means. But, as yet we have not seriously mobilized to meet this threat head on. We have been fighting a police action instead of waging a true war.

Methods of promise, not yet fully pursued, are EDUCATION-PREVENTION and TREATMENT-REHABILITATION. Early and continuous education of the whole society as to the

perils of chemical and substance abuse is the key to a long-term solution.

But to be effective, teaching must be the combined effort of home, school, the work place, churches and synagogues, and youth and civic groups. While this societal education process should include the whole community, it should focus on the young and very young for it is this age group where much headway can be made in changing behavior.

RECOMMENDATION #1 K Through 12th Grade Substance Abuse
Curricula

Substance abuse education efforts should be based in the schools, but not limited to the classroom. Curricula should be included, kindergarten through twelfth grade, aimed at teaching the facts about drugs along with positive health habits.

Included in this education should be information on how to withstand negative peer pressure in order to reduce the chances of succumbing to potentially harmful activity. Curricula should be adopted for each school district with its special needs and problems in mind.

But any school-based curriculum, if it is to be successful, must include parental outreach and

participation. Parents are the most important component in preventing substance abuse by young people. When parents get involved, they too can become educated on the ways to defend against substance abuse and how to help prevent it from having a negative influence on their homes.

All of Missouri's school districts should examine alcohol and drug education curricula in conjunction with the Division of Alcohol and Drug Abuse and the Department of Elementary and Secondary Education. Each Missouri school district should determine an appropriate alcohol and drug education curriculum, kindergarten through twelfth grade, suited for its school and community, and should include that curriculum by the 1990-1991 school year.

RECOMMENDATION #2 Require Aspiring Elementary and Secondary School Teachers to Obtain Substance Abuse Education

The Missouri Department of Elementary and Secondary Education should require all college students aspiring to be elementary and secondary school teachers to have completed a minimum of three college credit hours of substance abuse education. This should be a requirement for certification by the state of Missouri for all new teachers by the 1990-1991 school year. The college course structure should

emphasize the best methods of implementing the state Education Department's suggested curriculum.

RECOMMENDATION #3 Programs Aimed At The "At-Risk" Student

Both the state Education Department's substance abuse curriculum and the college substance abuse course should emphasize the special problems of the "at-risk" students. High school dropout rates must be reversed and reduced if we are to reach the growing underclass in this state.

Incentives to young people to remain drug free should be explored particularly among the high risk group. A pilot program to encourage business and industry should be established to provide Freedom Scholarships for high school students. These scholarships would provide technical or college study or employment to those who agree to remain in high school, drug free, or meet other reasonable conditions attached to receipt of the scholarship.

President Lyndon B. Johnson once stated, "At this desk where I sit, I have learned one great truth. The answer for all of our national problems--the answer for all the problems of the world--comes to a single word. That word is education." Education is the most effective weapon against drug abuse, and it is the weapon we have least utilized.

But education must be the commitment of the total community. Especially needed is the influence of religious, and youth groups, as well as the family and school, in teaching values for daily living and self-worth, and providing appealing alternative social activities.

RECOMMENDATION #4 Treatment Upon Demand

The second area of immediate need is in treatment and rehabilitation of the chemically dependent. It is said that the first and most important step away from dependency is the acceptance by the chemically oppressed person that he or she has a problem. It must be the goal of this state to see that chemically dependent adults and youth receive treatment, in-patient and out-patient, upon demand.

Those who are wealthy or have health insurance, can receive help from the many rehabilitation centers in our country and state. But tens of thousands of chemically-dependent individuals in Missouri are prohibited by cost from receiving such treatment. They are dependent on state-run centers.

Currently, the demand for treatment far exceeds the number of beds available for the working poor and indigent. Those seeking help are too often turned away or put on a waiting list.

Missouri should set treatment on demand as the ultimate goal for its alcohol and drug abuse treatment effort. The state's present response to the need is limited by the funds allocated. But if we seriously want to reduce the numbers of enslaved Missourians, we must multiply our effort and our financial investment.

Treatment centers should also be established for the special needs of chemically dependent youth. These centers should provide in-patient and out-patient services for youth, separate from the centers geared toward serving adults.

RECOMMENDATION #5 The Creation of The Department of
Alcohol and Drug Abuse

The crisis of societal-wide substance abuse mandates that Missouri elevate its Division of Alcohol and Drug Abuse of the Department of Mental Health to the departmental level. As with any war, or emergency mobilization of a community, coordination of the effort is critical. This is equally true of our fight against substance abuse. Many good, commendable efforts and accomplishments are occurring in state government in this war against drugs. We are, however, lacking the benefit of "one umbrella" management. There is no overall coordination, no central goal, and much overlapping of operations. Better direction of activity and

resources would occur by bringing all drug efforts to focus in one state department.

The state of Illinois realized they had a problem with an unfocused and decentralized substance abuse effort. In 1985, the state combined all state action on this issue under one new department, the Department of Alcohol and Substance Abuse (DASA). This was accomplished by statute and was the result of the work of Illinois Lieutenant Governor George Ryan, who is leading Illinois' fight against substance abuse.

This elevation of the Division of Alcohol and Drug Abuse of the Department of Mental Health to the departmental level would require a constitutional amendment. The present Missouri Constitution limits the number of state departments to fourteen, and the number has been met.

CONCLUSION

Obviously, law enforcement must play a large role in the interdiction of the supply of illegal drugs into the United States and the state of Missouri. All avenues must be explored in the area of law enforcement.

Much helpful legislation has come out of the 1989 session of the Missouri House of Representatives and Senate which will expedite the law enforcement efforts. Legal

efforts should be given a high priority in the struggle against illegal drugs.

The goal of a drug free society is not easily won. But we must not despair. The answer is ultimately within the community that believes something can and must be done. The communities willing to launch a full-scale attack will see tangible results from their persistence.

In World War II, all Americans, from the Commander-in-Chief down to the scrap-paper-collecting school child got involved with the war effort. Gas and sugar were rationed, war bonds were bought and sold, and scrap metal was collected as part of the will to win. All were small, but needed activities performed by ordinary citizens to help defeat the enemy.

Today, there is a new war going on within our own borders. It is different from any we have ever faced. Drugs are the new enemy of freedom. They must be fought with the same vengeance we fight any other form of totalitarianism and slavery. They must be attacked with the same community spirit and firm resolve.

It was Thomas Jefferson who pledged during the early days of our nation, "I have sworn upon the altar of God, eternal hostility against every form of tyranny over the mind of man." It is time for all of us to renew that vow.

FOOTNOTES

¹Andy Plattner and Gordon Wilkin, "Drugs on Main Street: The Enemy Up Close," *U.S. News and World Report*, (June 27, 1988), p. 15.

²*Ibid.*

³Jacob V. Lamar, Jr., "Crack," *Time*, (June 2, 1986), p. 16.

⁴*Ibid.*

⁵Melissa Berg, "Drugged Babies: It's An Epidemic," *Kansas City Times*, (February 11, 1989), p. 1-A.

⁶*Ibid.*

⁷Clarence Page, "Terrible Things Happen To Babies Born to Women Who Use Cocaine," *Kansas City Times*, (January 27, 1989), p. 10-A.

⁸*Ibid.*

⁹*Ibid.*

¹⁰*Ibid.*

¹¹Melissa Berg, "Will Babies Have Trouble Learning? Answer Still Unknown," *Kansas City Times*, (February 11, 1989), p. 18-A.

¹²Fred R. Harris and Roger W. Wilkins, Ed., *Quiet Riots: Race and Poverty in the United States*, p. X.

¹³*Ibid.*, p. IX.

¹⁴*Ibid.*, p., XII.

¹⁵Janice Penkalski, *The Council of State Governments, Embattled Youth: Jobs, Youth and the Future*, (1988), p. 16.

¹⁶*Ibid.*

¹⁷*Ibid.*

¹⁸*Ibid.*

¹⁹*Ibid.*

²⁰Associated Press, "Fewer Black Men Attend College, New Study Finds," *St. Louis Post-Dispatch*, (February 12, 1989), p. 1-C.

²¹Personal Briefing from Mr. Albert L. Brooks, Director, Human Relations Department of Kansas City, Missouri, (March 2, 1989).

²²Steve Kaut, "Addicts Drawn To Life Of Crime To Support Drug Habits," *Kansas City Star*, (February 5, 1989), p. 1-A.

²³*Ibid.*

²⁴Tom Jackman, "K.C. Crime--1988 Was A Very Bad Year," *Kansas City Times*, (January 2, 1989), p. A-1.

²⁵*Ibid.*

²⁶Roger Signor, "Record Cocaine Use Here," *St. Louis Post-Dispatch*, (February 12, 1989), p. 1-C.

²⁷Roger Signor, "More Deaths In Area Tied To Cocaine," *St. Louis Post-Dispatch*, (March 10, 1989), P. 1-A.

²⁸Editorial, "Deadly Crack Woes Threaten Ozarks," *Springfield News-Leader*, (March 1, 1989).

²⁹Don Norfleet, "Speaker Says Police Losing War With Dope," *Jefferson City Post-Tribune*, (January 20, 1989), p. 3.

³⁰Associated Press, "City Drugs Working Their Way Into Corn Country," *Kansas City Star*, (March 5, 1989), p. 9-A.

³¹Paul Wenske, "A City Tormented By Drugs And Violence," *Kansas City Times*, (January 28, 1989), p. 1-A.

³²Diane Stafford, "Inner-City Youth Cursed By Poverty, Hopelessness," *Kansas City Star*, (January 29, 1989), p. 6-H.

³³Personal Briefing From Dr. Robert E. Bartman, Director, State of Missouri, Department of Elementary and Secondary Education and His Staff, (March 7, 1989).

³⁴Paul Wenski, *loc. cit.*

³⁵Roger Signor, (February 12, 1989), *loc. cit.*

³⁶Barbara Shelly, "Big Talk, Short On Beds," *Kansas City Star*, (February 12, 1989), p. 1-B.

³⁷James M. Topolski, Ph.D. and Andrew L. Homer, Ph.D., *Comparison Of Alcohol And Other Drug Abuse Treatment Expenditures And Admissions In Missouri With National Averages Obtained From The 1987 SADAP Report*, Missouri Division of Alcohol and Drug Abuse, (December, 1988).

³⁸*Ibid.*

³⁹*Ibid.*

⁴⁰*Narrative On The Effects of Alcohol And Other Drug Abuse on Society*, Missouri Advisory Council on Alcohol and Drug Abuse, (November 10, 1988).

⁴¹"It's 'Official': Nicotine Is Addictive," *Just For Today*, (July, 1988), p. 3.

⁴²*Orientation Manual*, Missouri Advisory Council on Alcohol and Drug Abuse, Division of Alcohol and Drug Abuse, Department of Mental Health, (1988), p. 19.

⁴³*Missouri's Alcohol And Drug Abuse Prevention Initiative*, Division of Alcohol and Drug Abuse, Department of Mental Health, (1987), p. 9.

⁴⁴*Comprehensive Health Competencies And Key Skills for Missouri Schools*, Department of Elementary and Secondary Education, (1989), p. VII.

⁴⁵*Statewide Drug Strategy*, Department of Public Safety, (1989), p. 26.

⁴⁶*Official Manual, State of Missouri, 1987-1988*, Secretary of State, (1987), p. 918.

